

Certificate Application Form and  
Certificate of Full COVID-19 Vaccination

For medical workers

Date: \_\_\_\_\_  
(YYYY/MM/DD)

To: Mayor of Hiroshima

Applicant

Address: \_\_\_\_\_

Phone number

Name: \_\_\_\_\_

Fill out the application date,  
your address, phone number,  
and name

I hereby request certification of being fully vaccinated against COVID-19, as detailed below.

Name	<p>Fill out according to your Record of Vaccination for COVID-19</p>
Address	
Date of Birth (YYYY/MM/DD)	
First Dose	
Second Dose	
Information Regarding Vaccine	

(Do not write below this line.)

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This certifies that the applicant is fully vaccinated against COVID-19, as detailed above.

Date: \_\_\_\_\_  
(YYYY/MM/DD)

MATSUI Kazumi  
Mayor  
The City of Hiroshima

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